



WorkFirst Individual Responsibility Plan for _____
PARTICIPANT'S FULL NAME

- The goal of my plan is to help my family to have a better life.
- I must cooperate with the Division of Child Support while I receive TANF/SFA benefits unless I have a good reason. Successful collection of child support may help me become self-sufficient.
- I can get only 60 months of TANF/SFA cash benefits in my lifetime unless I qualify for an extension.
- I have used _____ months of cash benefits.
- I am required to work, look for work, or prepare for work.
- If I cannot make it to a scheduled activity, I will call as required.
- I must do the following:

- My doctor tells DSHS that I have an emergency condition (physical, mental, or emotional);
- I am a victim of family violence;
- I cannot find affordable, appropriate child care in my area for children under 13;
- I have an immediate legal problem;
- I qualify for NSA (Necessary Supplemental Accommodation) services and my limitation kept me from following program requirements; or
- I have been deferred because I am an adult with a severe and chronic disability; I am needed at home to care for a child with special needs or another adult with disabilities; I am 55 or older and caring for a child and I am not the child's parent; or I am applying for SSI with a DSHS facilitator.

If I disagree with this plan, I have the right to request a case review and/or a hearing. To request a hearing, I must contact my Community Services Office or the Office of Administrative Hearings, DSHS, PO Box 42488, Olympia WA 98504-2488, within 90 days of the date of my case manager's signature below. I have been given a copy of my Individual Responsibility Plan.

CLIENT'S SIGNATURE

DATE _____

WORKER'S SIGNATURE

DATE _____

Support services may be available to me if needed to help me advance at my job, keep my job, accept a job, look for a job, or follow my plan. If I disagree with a decision about support services, I may ask for a case review and/or a hearing. I will ask my case manager if I need support services like:

- Car repair
- Clothing
- Counseling
- Diapers
- Education expenses
- Personal hygiene
- License/fees
- Liability insurance
- Bus passes
- Mileage
- Tools for work
- Family planning

I understand that I must do required activities. If I don't, I will get a penalty unless I can prove I had a good reason. This is called being in WorkFirst sanction status. Penalties get more severe the longer I am in sanction. They also get more severe each time.

THE FIRST TIME IN SANCTION	PENALTY	HOW LONG IT TAKES TO END THIS SANCTION
Level 1: The first three months	○ Grant is reduced by my share	○ Do what is required for two weeks in a row
Level 2: If I still do not comply for another three months	○ Grant is reduced by my share ○ Reduced grant will be sent to a protective payee	○ Do what is required for four weeks in a row
Level 3: If I do not comply for seven months or more	○ Grant is reduced by my share or 40%, whichever is more ○ Reduced grant will be sent to a protective payee	○ Do what is required for four weeks in a row

The second time in sanction, my penalties start at Level 2. After three or more times, I start at Level 3. If my case closes while in sanction and is reopened in six months or less, I will be in sanction where I was when the case closed. Even if I end a penalty before my grant is reduced, I will start out at the next level if I go into sanction again.

While in sanction, I cannot get support services (such as money for work clothes or transportation) until I start following my IRP. If I have been approved for more than 60 months and get sanctioned, I will get a Child SafetyNet payment instead of a grant. This means:

- I get 60% of my grant and my grant will be sent to a protective payee.
- The protective payee can only pay my housing and utility costs and may only use any money left over to purchase items needed by my children.
- I must follow my IRP for one full calendar month to end my Child SafetyNet Payment.
- After that, I will be in Level 3 sanction until I follow requirements for another four weeks in a row.

I understand that, if I refuse to cooperate with the Division of Child Support (DCS) without a good reason, my grant may be reduced. I understand that while I am getting assistance, any child support collected is kept to pay back the state. When I stop getting TANF/SFA, DCS will collect child support and send it to me unless I ask them to stop. I understand support services, sanctions, and child support.

CLIENT'S SIGNATURE	DATE	WORKER'S SIGNATURE	DATE